Accountability Report

2015–2016

Health and Wellness

NOVA SCOTIA

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Annual Accountability Report for the Year 2015 - 2016

Department of Health and Wellness

Accountability Statement

The Accountability Report of the Department of Health and Wellness (DHW) for the year ended March 31, 2016, is prepared pursuant to the *Finance Act* and government policies and guidelines. These authorities require the reporting of outcomes against the Department of Health and Wellness Statement of Mandate for the fiscal year 2015-2016. The reporting of the Department of Health and Wellness outcomes necessarily includes estimates, judgments and opinions by Department of Health and Wellness management.

We acknowledge that this accountability report is the responsibility of the Department of Health and Wellness management. The report is, to the extent possible, an accurate representation of outcomes relative to the goals and priorities set out in the Department of Health and Wellness 2015-2016 Statement of Mandate.

Original signed by

The Honourable Leo A. Glavine
Minister of Health and Wellness

Original signed by

Peter W. Vaughan, CD, MA, MD, MPH
Deputy Minister of Health and Wellness

2015-2016 DHW Variance Analysis - Actuals vs. Estimate

Item	*2015/2016 Estimate ($ thousands)*	*2015/2016 Actuals ($ thousands)*	*Variance Estimate/Actuals ($ thousands)*
General Administration	2,932	2,286	(645.5)
Strategic Direction and Accountability			
Chief Medical Officer of Health	17,879	17,115	(764.0)
Client Service& Contract Administration	5,707	6,080	373.0
Corporate Service & Asset Management	28,492	23,707	(4,785.0)
Investment Decision Support	1,622	1,324	(298.5)
System Strategy & Performance	17,219	14,521	(2,697.4)
Service Delivery & Supports			
Physician Services	809,090	802,272	(6,818.4)
Pharmaceutical Serv. & Extended Benefits	289,243	292,164	2,921.5
Emergency Health Services	130,617	132,055	1,438.3
Continuing Care	810,692	820,486	9,793.7
Other Programs	215,598	221,188	5,590.7
Health Authorities	1,728,724	1,720,857	(7,867.3)
Capital Grants & Healthcare Amortization	79,926	52,347	(27,578.7)
Total	4,137,741	4,106,402	(31,337.6)
Funded Staff	447.6	395.9	(51.7)
Staff Funded by External Agencies	(17.9)	(12.1)	5.8
Total FTE net	429.7	383.8	(45.9)

Variance Analysis – 2015-16 – Actual compared to Estimate

The Department of Health and Wellness expenses were $31.3 million or 0.8 per cent lower than estimate primarily due to savings of $28.0 million in capital grants as a result of delays with major construction projects, $8.0 million in Health Authorities primarily related to prior year accounting accruals, $7 million in Physician Services for utilization savings and reduced costs in Master Agreement programs, $6.8 million for savings in various programs including delays in information technology projects, program delays, as well as savings in Long Term Care, $6.0 million due to lower call volumes for 811 Telecare service, decrease in utilization for vaccine programs, decrease in costs for Emergency Care Fund, Primary Health Renewal, and other programs, and $5.0 million in Administration for operational efficiencies and vacancies.

These savings were partially offset by an increase of $14.0 million in Home Care due to increased utilization in nursing, home support and other programs, $7.5 million due to

increase in utilization, product costs and exchange rate in Canadian Blood Services, $4.0 million in Insured Services due to an increase in Nova Scotians treated for hospital services in other provinces, $3.0 million in Pharmaceutical Services for higher utilization of drugs, and $1.0 million for volume increases in Emergency Health Services.

The FTE variance is the result of vacancy management by the department.

Performance Measures/Outcomes

Typically the Department's Accountability Report builds on what was planned in the 2015-16 Statement of Mandate. At the time of writing the 2015-16 Statement of Mandate, the health system was embarking on significant change, namely, the consolidation of the nine former district health authorities and the creation of the Nova Scotia Health Authority (NSHA). Following the creation of the NSHA, the Department of Health and Wellness underwent a significant restructure on April 1, 2016. Both of these initiatives were vital to creating sustainable, effective changes in the Nova Scotia health system.

With these changes in the health system, the Department and the health authorities have needed to reexamine what the system is collectively aiming to achieve and how progress towards goals will be measured. After some reflection, it was agreed that the goals and priorities of the health system, as defined in the Department's 2015-2016 Annual Statement of Mandate, remain valid. What has changed and will continue to change, are the unique roles and responsibilities of the Department and the health authorities in ensuring these goals are achieved. Therefore, the actions stated in the 2015-16 Statement of Mandate reflect the old mandates of the organizations rather than the existing mandates and are not specifically examined in this report.

As a reminder, the four goals of the health system are:

1. **Health of the Population**: Improve the health and wellness of Nova Scotians through health promotion, disease and injury prevention, enhanced primary health care and culturally competent chronic disease management
    a. Improvement in, and more use of, community focused care for seniors and patients with chronic conditions
    b. Creation of supportive environments to promote the health of all Nova Scotians

2. **Health System Workforce**: A workplace culture that fosters leadership, competence, collaboration and engagement
    a. Optimal mix and distribution of health professionals working collaboratively to achieve the most effective and cost-efficient health system
    b. Employee engagement focused on promoting leadership, competence, productivity and collaboration

3. **Experience of Care**: Access to quality, evidence-informed, appropriate care
    a. More coordinated team-based primary care, giving patients comprehensive non-acute services from practitioners, such as doctors, nurses, nurse practitioners, dieticians and physiotherapists
    b. Increased use of evidence and data to inform planning and system learning to improve safety and service delivery

4. **Resource Stewardship**: Sustainable actions that support learning, research, innovation and effective use of resources
    a. Expanded development and use of innovative technologies and strategies
    b. Appropriate use of resources to achieve high performance outcomes
    c. Streamline administration and efficient and effective use of resources in the health system

With the creation of the NSHA and the restructuring of the Department, the department is enhancing its focus on accountability. The *Health Authorities Act* clearly articulates the roles and responsibilities of the Department and the health authorities.

The Department is responsible for:

- providing leadership for the health system by setting the strategic policy direction, priorities and standards for the health system;
- ensuring appropriate access to quality care through the establishment of public funding for health services that are of high value to the population; and
- ensuring accountability for funding and for the measuring and monitoring of health-system performance.

NSHA & IWK are responsible for:

- governing, managing and providing health services in the Province and implementing the strategic direction set by the department; and
- Engaging with the communities they serve, through the community health boards.

Based on these roles and responsibilities, over 2016-17, the Department will be developing a scorecard that will enable reporting on the actions of the Department and the health authorities in achieving the above four goals. This scorecard will build on the key performance indicators that are contained in the accountability agreements between the Minister of Health and Wellness and the CEOs of the health authorities (NSHA & IWK). It will also include key performance indicators for the Department.

Appendix A

Annual Report under Section 18 of the *Public Interest Disclosure of Wrongdoing Act*

The *Public Interest Disclosure of Wrongdoing Act* was proclaimed into law on December 20, 2011.

The Act provides for government employees to be able to come forward if they reasonably believe that a wrongdoing has been committed or is about to be committed and they are acting in good faith.

The Act also protects employees who do disclose from reprisals, by enabling them to lay a complaint of reprisal with the Labor Board.

A Wrongdoing for the purposes of the Act is:

a) a contravention of provincial or federal laws or regulations

b) a misuse or gross mismanagement of public funds or assets

c) an act or omission that creates an imminent risk of a substantial and specific danger to the life, health or safety of persons or the environment, or

d) directing or counseling someone to commit a wrongdoing.

Please use the following format to satisfy the disclosure obligation:

The following is a summary of disclosures received by the Department of Health and Wellness

Information Required under Section 18 of the Act	Fiscal Year 2015-2016
The number of disclosures received	0
The number of findings of wrongdoing	0
Details of each wrongdoing (insert separate row for each wrongdoing)	Not Applicable
Recommendations and actions taken on each wrongdoing (insert separate row for each wrongdoing)	Not Applicable